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ABSTRACT

This practicum project sought to facilitate change in preschool teacher classroom behavior from teacher-directed practice to child-initiated practice. The goals of the practicum focused on changes that would foster child-initiated activities in order to promote healthy and holistic development, positive self-esteem, and resiliency skills in young children of chemically dependent and abusive mothers. A 3-month training program was developed and implemented that provided the director and the teacher with opportunities to grow in knowledge and skills in the areas of child development, developmentally appropriate practice, classroom environments, guidance, and professional growth and development fostered through reflective practice. This training included the use of videos, journal reading, dialogue, discussions, and weekly journal writing. Post-intervention data indicated that the training program resulted in an increase of child-initiated decision making within the classroom from 30 minutes to 90 minutes per day, a revision of the daily schedule to allow four out of five activities to be child-initiated, and lesson planning that incorporated choice making for children. A self-study tool was also provided to the director and the teacher to promote growth in developmentally appropriate practice within the classroom. Based on the findings, recommendations were made to support other professionals working at changing teacher-directed practice to child-initiated practice. Contains 37 references. (JPB)

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Transforming Teacher-Directed Practice to Child-Initiated Practice Within a Treatment/Wellness Preschool Through Staff Training

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by
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Cluster 85

A Practicum I Report Presented to
the Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

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Approved:

24 July 1998

Date of Final Approval of Report

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Abstract

Transforming Teacher-Directed Practice to Child-Initiated Practice Within a Treatment/Wellness Preschool Through Staff Training. Cummins, Lauren, 1998: Practicum Report, Nova Southeastern University, Ed. D. Program in Child and Youth Studies. Preschool Education/Staff Training/Developmentally Appropriate Practice/Teacher Practice/Reflective Practice/Child-Initiated Learning/Child-Initiated Choice Making.

This practicum was designed to facilitate change in teacher classroom behavior from teacher-directed practice to child-initiated practice. The goals of the practicum focused on changes that would foster child-initiated activities in order to promote healthy and holistic development, positive self-esteem, and resiliency skills in young children of chemically dependent and abusive mothers.

The writer developed a three month training program that provided the director and the teacher with opportunities to grow in knowledge and skills in the areas of child development, developmentally appropriate practice, classroom environments, guidance, and professional growth and development fostered through reflective practice. This training included the use of videos, journal reading, dialogue, discussions, and weekly journal writing.

The training program resulted in an increase of child-initiated choice making within the classroom from 30 minutes a day to 90 minutes a day, a revision of the daily schedule that provided four out of five child-initiated activities, and lesson planning that incorporated choice making for children. A self-study tool was also provided to the director and the teacher to promote growth in developmentally appropriate practice within the classroom.

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Chapter 1 Introduction

Description of Community

This practicum took place in a central urban community located in the midwest. This community is ranked the 24th largest city in the United States with a population of over 500,000. The community is ethnically diverse with 48% Anglo, 47% African-American, and 5% Hispanic. The city's diversity is also reflected in the labor force, with tradesman, skilled laborers, and blue and white-collar workers. The majority of this labor force has established this community as a manufacturing city. However, it is slowly shifting to a service-based economy. The annual per capita income is a little over 20,000, with an unemployment rate at 13%. The median age is 32 years (United States Census Bureau, 1997).

Writer's Work Setting

The children's preschool program, which was the focus of this practicum, is part of a comprehensive program serving women who have a history of chemical dependency and child maltreatment and their children. The mission of the program is to intervene in the cycle of chemical dependency and abuse for the mother and the child. The purpose of this intervention is to prevent the breakup of the family by fostering the development of a healthy system.

The children's preschool program is part of the overall services designed to impact the family system. This program provides young children, ages three to five with a positive and safe therapeutic learning environment while their mothers attend chemical dependency treatment. The size of the preschool class varies depending on the number of

mothers attending treatment at a given time. The program is in operation Monday through Friday from 9:00 a.m. to 2:00 p.m.

Both the mothers' treatment program and the children's preschool class are located in the same building. Mothers take their children to class before going to treatment. All children attend the program for at least 2-1/2 hours daily. Some of the children attend longer days, depending on the phase of treatment for the mother.

The preschool program works in cooperation and collaboration with the infant and toddler program, and is unique in that it offers a therapeutic learning environment that serves the family system as a whole. As part of treatment, mothers are scheduled to visit the preschool classroom and participate. This classroom involvement fostered within the mother healthy and positive ways to interact and be responsive to her child. Mothers in the second and third phase of treatment also ate lunch with their children. Parenting classes were provided for all mothers during treatment. Families also received support and counseling from a child and family therapist.

The preschool program consists of one classroom with a lead teacher and a teacher's aide. A director supervises the program. A child therapist works in cooperation with the teacher and the director to provide additional support to children within the classroom and to provide individual child therapy.

Writer's Role

The writer works as a consultant for the preschool program. The scope of responsibility includes observing, collaborating, evaluating, and providing education in the area of developmentally appropriate practice for the preschool. Much of this consulting work is done directly with the preschool teacher and the director. This practicum reflected this scope of responsibility.

Chapter II: Study of the Problem

Problem Statement

The problem identified for this practicum experience was that children within the preschool program were not given opportunities for child-initiated choice making within the classroom. Developmentally appropriate practice, as defined by the National Association of the Education of Young Children identified child-initiated activities as crucial in fostering healthy and holistic development in young children (Bredekamp & Copple, 1997). Choice making gives meaning to children's learning by allowing active involvement in experiences that interest them. Choice making also helps foster positive self-esteem by allowing children to feel capable and responsible for their choices and become masters of their own environment. Miles (1991) believed that young children experienced excessive stress and fatigue through skill driven activities that were not developmentally appropriate.

Child-initiated choice making is also crucial for children whose learning or self-identity may be negatively impacted through poverty or chemical dependency and abuse. The importance of encouraging self-choice and responsibility for preschool children at risk was documented throughout the literature (Antoniadis, 1994; Brown, 1995; Kraizer, 1990; Osborne, 1994). Self-choice fosters resiliency and promotes healthy living strategies by fostering skills that help the child avoid the repetitive patterns of abuse and chronic dysfunction associated within the family. Studies also found that children at risk from low socio-economic backgrounds did better in mastering basic skills through developmentally appropriate programs that provided child-initiated activities (Frede & Barnett, 1992; Marcon, 1992).

Decisions that children at risk make as adults are often shaped by personal perceptions about their own life and the choices that were made by others close to them. Prevention, according to Kraizer (1990) required skills in problem-solving, effective choice making, and positive self-esteem. Through child-initiated activities, young children learn to identify healthy choices and take responsibility for their own decisions, which promotes healthy self-esteem.

Problem Description

Developmentally appropriate practice, as defined by the National Association of Education for Young Children, promotes and fosters child-initiated choice making within preschool classrooms (Bredekamp & Copple, 1997). However, through observation and teacher documentation the writer identified that the focus of the day within this preschool was on teacher-directed activities. Children, ages three to five, spent time in large group activities doing what the teacher planned. In these experiences, the children sat quietly, while the teacher talked and directed the activity. The activities were academically oriented. The calendar, number, and alphabet were taught to the children on a daily basis. When children were given the opportunity for choice making, the time was limited. Most of this choice making was observed upon arrival in the morning. The time for children to arrive was from 9:00 a.m. to 9:30 a.m. Depending on the arrival time, children would get as little as 10 minutes to choose and become involved with the activity. Small group activities were also limited. When these activities were made available, the teacher chose the activity for the children.

Though the classroom was controlled and managed, the children were not given the opportunity to gain the skills in responsible choice making. These skills were

identified earlier in this paper as crucial for young children to grow in healthy development and in positive self-esteem. Choice making skills are even more crucial for young children who have experienced chemical abuse and neglect.

Problem Documentation

To gather evidence about the problem, four, 2-1/2 hour classroom observations were conducted. During each of these observations, the writer kept a series of running records to identify what was said and done within the preschool classroom. The time that corresponded to each specific activity was also recorded. Child-initiated activities were identified by the writer as opportunities within the day for children to make choices among a variety of activities and materials. These activities were actively engaging for the children and did not involve the direct teaching of concepts by the teacher. In each of these observations, it was identified that 30 minutes out of 150 minutes were given to the children by the teacher to make child-initiated choices. These 30 minutes were given to the children upon arrival in the morning from 9:00 a.m. to 9:30 a.m.

The writer also received a copy of the daily schedule from the teacher. This daily schedule was planned by the teacher and approved by the director. The daily schedule had six different activities identified within the 2-1/2 hour day (see Figure 1). One out of six of these activities was identified as self-choice time. This correlated to the 30 minutes that was identified as self-selection time during each of the four observations. During this self-choice time, the teacher was not directly involved in teaching any concepts to the children, but provided the time and opportunity for children to be actively involved in the environment, choosing activities that interested them.

Evidence was also identified through teacher documentation of two weekly activity plans that had one written activity each day. Out of 10 lessons, 0 lesson plans

were developed by the teacher for child-initiated choice making. The writer used the same criterion that was used for the observations and the daily schedule to identify if these lesson plans were teacher-directed or child-initiated. All ten plans were teacher-directed (see Figure 2).

9:00 a.m. Arrival: Self-choice of tabletop activities C. I.
9:25 a.m. Clean-up
9:30 a.m. Large Group: calendar, alphabet, and numeral recognition T. D.
10:00 a.m. Large Group: Children share how they feel each day. A prevention lesson and music activity is taught by the teacher. T. D.
10:30 a.m. Large Group: bathroom and snack T. D.
10:50 a.m. Large group: gross motor activities planned by teacher T. D.
11:30 a.m. Departure: Phase I
Prepare for lunch Phase II and III T. D.
Note: T. D. = teacher-directed activity
C. I. = child-initiated activity

Figure 1 The daily schedule

Day 1: Tell children the definition of special. Sing song. Explain to each child what makes them special. Make mobiles.
Day 2: Have children look in mirror. Explain that it is important to say something good about themselves. Sing song.
Day 3: Children will sing a song or say something good about not using drugs in a tape recorder. Talk to children about uniqueness of voice.
Day 4: Show picture of people using drugs and alcohol. Talk about how this is harmful.
Day 5: Make a puppet show about the danger of drugs.
Day 6: Talk about feelings. Tell children to move to music showing different feelings.
Day 7: Cut out eyes for children in a paper bag. Have them make a bag to show how they feel.
Day 8: Ask children how they would feel in different situations.
Day 9: Give children play dough. Ask what they would do with the dough if they felt happy or sad.
Day 10: Discuss with children drug use and how it affects families.

Figure 2 The teacher's lesson plans

Causative Analysis

Through an informal interview, the teacher and the director identified that their educational backgrounds were not in early childhood education. This was confirmed through a belief system survey designed by the writer (see Appendix A). The belief system survey identified that the teacher had a bachelor of science degree in special education with concentrated studies in learning disabilities and developmental handicaps and the director had a master of education degree in school psychology.

In addition to educational backgrounds, the belief system regarding the education of young children was also identified as a possible cause. Through an initial interview, the teacher and the director identified personal beliefs that were reflected in teacher-directed practice. The teacher and the director believed that a structured environment was important for preschool children, particularly if the children were at risk due to parental chemical dependency or abuse. This structured environment promoted a manageable environment for learning and treatment. The teacher and the director also identified that basic skills of alphabet and numbers were important to teach in this preschool, because with this population of children it was reasonable to believe that parents were not teaching basic skills at home. The teacher and the director believed these basic skills reduced the risk of school failure.

A 20-question teacher belief system survey was designed by the writer to identify what beliefs the teacher and the director valued about educating young children (see Appendix A). Ten questions were developed to identify a belief system that focused on child-initiated behavior and ten questions were developed to identify a belief system that

focused on teacher-directed behavior. A five point likert scale was used ranging from strongly value (5) to strongly do not value (1).

The belief system survey identified mean scores of 4.1 for the teacher and 4.2 for the director for the questions that focused on child-initiated behavior. The teacher-directed questions were scored at a mean of 2.8 for the teacher and 2.2 for the director. These scores indicated that the teacher and the director valued child-initiated behavior more than teacher-directed behavior. The results of the belief system survey also identified a difference in values between what the teacher and the director reported in the survey, identified in the initial interview, and did or supported in practice.

After the survey, a follow-up interview was held with the teacher and the director to discuss the inconsistency between beliefs identified through the survey and what was done in practice. In the interview, the teacher endorsed child-initiated activities for young children. However, the teacher identified a personal teaching style and belief system that was based on teacher-directed practice and stated that this teaching style was more comfortable because it provided classroom manageability. The statements made in this follow-up interview correlated with what was identified in the initial interview.

The director's response was similar to the teacher's. The director stated that in theory he valued child-initiated activities and believed these practices were developmentally appropriate for young children. However, the director's personal style was teacher-directed. The director also stated that children at risk needed an environment that was teacher-directed because manageability needed to be a priority.

Relationship of the Problem to the Literature

The topical areas of research for this practicum included developmentally appropriate practice in early childhood education, choice making for preschool children,

teachers' beliefs and practices in early childhood education, and instructional improvement. The literature review found that in practice, early childhood classrooms provided teacher-directed experiences. The evidence gathered through this research identified that child-initiated activities were not the norm in most preschools (Allen, 1996; Crowther, 1990; Dunn & Kontos, 1997; Gronlund, 1995; Madison, 1994; Passidomo, 1994; Swanson, 1994). This research also identified that teachers who had a knowledge base in early childhood education, (Hoot, Bartkowiak, & Goupel, 1989; Naber, 1995; Wien, 1995), or had personal beliefs that were supportive of developmentally appropriate practice, still tended not to provide child-initiated choice making within the classroom (Anderson, 1993; Bell, 1991; Charlesworth, Hart, Burts, & Hernandez, 1990; Hyson, Hirsh-Pasel, & Rescorla, 1990; Stipek, Daniels, Galluzzo, & Milburn, 1991; Wien).

Stipek et al. (1991) identified three main approaches to preschools and educating young children. This included academic preschools that focused on teacher-directed activities, child-initiated preschools that focused on child-centered learning, and intermediate preschools that were a blend of teacher-directed and child-initiated approaches. Through observations, interviews, and surveys, Madison (1994) found that a majority of new preschool teachers were skill driven and teacher-directed. Crowther (1990) found within literacy environments in early childhood programs that 65.6% of the preschools studied had low child-initiated activities. Dunn and Kontos (1997) found that between 20% and 30% of preschools studied used child-initiated activities.

In the skill driven programs, Swanson (1994) found children in one large group doing the same activity at the same time. Similarly, Passidomo (1994) found children

sitting and doing paper and pencil dittos, worksheets, and basal readers that were required to be finished before first grade. Gronlund (1995) also found similar activities and teacher-directed practices within early childhood classrooms through consulting work in the field of early childhood education.

This practice of teacher-directed behavior was also evident after training in early childhood education. Hoot et al. (1989) found that teachers with reasonable knowledge of developmentally appropriate practice had inconsistent practices in the classroom that did not include child-initiated activities. Through observations, interviews, and personnel records of training and teacher performance, Naber (1995) identified that staffs in preschools practiced in ways that were not developmentally appropriate. There was little child-initiated choice making. Wien (1995) also found teacher-directed approaches among teachers who had four-year degrees. This was identified through observations, interviews, and videotapes of teachers with various knowledge levels of early childhood education.

Katz (1993) believed that teacher methodology within preschools provided a powerful source to gain understanding in what a teacher believed and valued. Katz believed that knowledge in early childhood education should be seen as a priority, though it did not guarantee developmentally appropriate practice in the classroom. Charlesworth et al. (1990) found a significant difference in what a teacher believed about educating young children and what was done in practice. The literature that reflected the topic of beliefs and practice found teachers who said they believed in developmentally appropriate choice making, yet practiced with teacher-directed behavior (Anderson, 1993; Bell, 1991; Charlesworth, Hart, Burts, Mosley, and Fleege, 1993; Wien, 1995).

However, there was a stronger correlation between practice and beliefs when parents or teachers believed in teacher-directed behavior (Stipek et al., 1991). Through a classroom practice inventory (CPI), Hyson et al. (1990) found strong correlations between parental beliefs and teacher beliefs when academics were used in preschool classrooms.

The question remained with some of the research as to why teacher-directed behavior was the norm versus child-initiated choice making (Hyson et al., 1990). One of the causes that was identified was lack of knowledge in child development and developmentally appropriate practice. Hoot et al. (1989) found that formal knowledge in early childhood education correlated with appropriate practice in classrooms. Villarreal (1993) also found training in developmentally appropriate practice provided a foundation for child-initiated practice in the classroom. Yet, centers or preschools surveyed and observed either did not have training programs for teachers in developmentally appropriate practice (Naber, 1995) or had hired teachers who had no training or education in early childhood education (Kendall, 1992). Without knowledge in developmentally appropriate practice and child-initiated learning, Snider and Fu (1990) found that years of experience teaching young children had no impact on practices. Teachers still tended to use teacher-directed behavior. Hoot et al. also found that preschool teachers with degrees in education other than early childhood had difficulty unlearning the inappropriate methods that were more appropriate for older children.

However, background in early childhood education alone did not insure developmentally appropriate practice within the classroom. Teachers who had background in early childhood education also practiced with teacher-directed behavior. Charlesworth et al. (1993) and Madison (1994) identified that the differences in theory

and action dealt with an implicit process that existed within the teacher. Knowledge, according to Madison, can influence beliefs. However, personal beliefs hold a greater impact than reading research that dealt with early childhood education. Bell (1991) felt that life experiences dictate practices. Teaching practices often reflected the way teachers had been taught themselves as children (Miles, 1991). Therefore, preschool teachers remembered elementary experiences that became part of their belief system and practice. Passidomo (1994) also believed that many years of working with young children created belief systems within teachers that were not necessarily child-centered. These practices then became normal practice (Wien, 1995). The old familiar way of doing things is easier to do in practice, and what is familiar becomes habit, which is difficult to change. Implicit practice can also be influenced by cultural influences that foster the belief that academic, teacher-directed preschools produce academically prepared children (Hyson et al., 1990; O'Brien, 1991).

Administrative expectations and support can also cause practices within preschools to be more teacher-directed than child-initiated. Shuster (1995) found preschools that had no opportunities for choice making had administrators who gave no support to appropriate class size, resources, or curriculum expectations. Administrators were found to provide little support in training or staff development (Passidomo, 1994; Villarreal, 1993). Naber (1995) found that in some preschools there was not a system of staff evaluations with clear expectations or standards for child-centered, developmentally appropriate practice. Charlesworth et al. (1993) also found that administrators who supported readiness tests supported academic, teacher-directed practice within preschools and kindergartens.

The final cause that was identified through the literature review focused on teachers who felt pressured to conform to parental expectations that encouraged teacher-directed activities versus child-initiated activities. Preschool was viewed by parents, who paid for this service as a means of preparing children for the academic expectations of formal education (Miles, 1991). Other parents viewed preschool as a form of custodial care and were not concerned about the educational approach (Bell, 1991). O'Brien (1991) correlated parental expectations with cultural beliefs. Dunn and Kontos (1997) and Passidomo (1994) found that these parental expectations had an impact on how teachers practice in the classrooms, which often reflected academic expectations. Parents and the community had misconceptions about what was appropriate (Crowther, 1990).

The writer found the literature review correlated with the problem and causes identified in the writer's work setting. The limited opportunities for child-initiated activities were related to several causes. These causes included no educational background in early childhood education for the teacher or the administrator, implicit belief systems that reflected inappropriate practices, and no administrative support for developmentally appropriate practice. Administrators were cited as playing an essential role in supporting developmentally appropriate practice. Opportunities for child-initiated activities could depend on the administrator's own value system and personal beliefs about educating young children.

In the writer's work setting, the classroom experience reflected teacher-directed behavior. Though the teacher and the director identified through the survey a belief system that valued child-initiated behavior, what was done in practice was teacher-directed. The teacher and the director were unable to provide or support developmentally

appropriate practice within the classroom because of personal beliefs that valued teacher-directed behavior, specifically for this preschool and the population of children it served.

Chapter III: Anticipated Outcomes and Evaluation Instruments

Goals and Expectations

The goal for this practicum experience was to create and sustain a change from a teacher-director environment, to an environment that fostered child-initiated activities in order to promote healthy and holistic development, positive self-esteem, and resiliency skills in young children of chemically dependent and abusive mothers.

Expected Outcomes

The following outcomes were projected for this practicum:

1. The teacher will give 90 minutes to child-initiated choice making in each of four, 150-minute observations.
2. The teacher and director will give children the opportunity for child-initiated choice making in four out of six activities in the revised daily schedule.
3. The teacher will provide child-initiated choice making in 8 out of 10 daily activity plans in a two-week period.

Measurement of Outcome

Comparative analysis of qualitative evidence was used to analyze the results of each projected outcome. As a measure for outcome number one, four observations were implemented to observe the amount of time given for child-initiated choice making. These observations were on a Monday through Thursday and lasted 2-1/2 hours each. A running record of the activities and behaviors of the children were recorded, along with the time designated for each activity. Ninety minutes for child-initiated activities each day was the expected outcome for each of the four observations.

The second outcome was measured through an analysis of a copy of the revised schedule of the day, which was developed by the teacher and the director during training provided by the writer. This schedule documented the daily activities planned from 9:00 a.m. to 11:30 a.m. each day. The expected outcome was that four of the six daily activities in the daily schedule were planned by the teacher to provide opportunity for the children to make choices.

The final outcome was identified through analysis of teacher documented lesson plans. The teacher provided the writer with a copy of two weeks of lesson plans. These plans were collected after the solution strategies were implemented. The expected outcome was that 8 of the 10 activity plans would provide children with the opportunity for choice making.

Chapter IV Solution Strategy

Discussion and Evaluation of Solutions

The problem identified is this practicum dealt with preschool children not having opportunities for choice making within the wellness-treatment program. The review of literature sought information in the areas of increasing the use of developmentally appropriate practice in early childhood programs, replacing teacher-directed activities with child-initiated activities, professional development of teachers, and the impact that training and education had on teacher practices. The solutions gleaned from the research included training and education of preschool teachers, self-assessment and evaluation of teachers, administrative support for developmentally appropriate practice within the classroom, parent education in developmentally appropriate practice to support teacher practice, and effective leadership of change agents through the process of change from teacher-directed practice to developmentally appropriate practice.

Considerable research identified that training in early childhood education was effective in promoting developmentally appropriate practice (Bell, 1991; Charlesworth et al., 1990; Charlesworth et al., 1993, Crowther, 1990; Dunn & Kontos, 1997; Gronlund, 1995; Katz, 1996; Kendall, 1992; Shuster, 1995; Snider & Fu 1990; Stott & Bowman, 1996; Swanson, 1994; Villarreal, 1993; Wadlington, 1995). This training focused specifically on the understanding of how young children develop and learn. The literature identified that teachers who felt empowered in appropriate practice through education reflected this practice in the classroom. Gronlund found that training and education were effective when teachers saw a visual picture of developmentally appropriate practice. Frequently, Gronlund sought the use of videos, slides, or

demonstrations to use within the training program to depict this visual picture. Along with visual learning, Wadlington found that training adults was also effective when adults used work experience as a resource for learning and applied the knowledge that was acquired in training to the classroom.

In addition to education, personal and on-going reflection of teaching beliefs and practices were also identified as a solution strategy (Bell, 1991; Duff, Brown, & Scory, 1995; Dunn & Kontos, 1997; Katz, 1993; Naber, 1995; Stott & Bowman, 1996; Tarreton, 1992; Wien, 1995). Reflective practice challenged teachers to look at what was done in practice, to understand why it was done, and to determine whether this practice was effective in meeting the developmental needs of young children. This form of reflection fostered development and growth in teachers and helped them to identify the need to become more developmentally appropriate and child-centered in practice. After teachers have identified this need, educational opportunities in developmentally appropriate practice can be sought to foster changes in practice.

Administrative support can also foster and sustain choice making within the preschool classroom (Naber, 1995; Villarreal, 1993). Villarreal found that staffs who were provided training in developmentally appropriate practice reflected this practice more within the classroom. Administrators who had knowledge in developmentally appropriate practice and valued this practice could also be a role model within the classroom.

Parent education in developmentally appropriate practice can also have a positive impact in promoting child-initiated choice making (Charlesworth et al., 1990; Crowther, 1990). Crowther identified lack of understanding of developmentally appropriate

practice as key to why parents seek academic programs for their children. The implementation of parent and community education helped to foster developmentally appropriate practice in the centers studied. Charlesworth et al. also found that educating parents released the burden of academic expectations.

The last solution that was identified within the literature dealt with effective leadership during the process of change (Gronlund, 1995; Rust, 1993; Shuster, 1995; Wien, 1995). Changing teaching practices from teacher-directed to child-initiated took an understanding of a process of change. This process did not involve quick innovations. Seeing new knowledge in action over a period of time often strengthens teachers' belief systems and practice in developmentally appropriate practice. This understanding of a process builds an atmosphere of trust and creates effective solutions that can be sustained over time.

Through the evidence gathered, the background education of the teacher and the director were not in the field of early childhood education. This was identified through the literature as one of the causes of the problem identified in this practicum (Hoot et al., 1989; Hyson et al., 1990; Kendall, 1992; Naber, 1995; Snider & Fu, 1990; Villarreal, 1993). Therefore, three months of training was provided for the teacher and the director in child development, developmentally appropriate practice, and child-initiated choice making. This education provided a foundation in developmentally appropriate practice and assisted the teacher in providing child-initiated activities over time. Along with the training, the teacher joined a professional organization that can support professional development and developmentally appropriate practice, as most of the teacher's time is in isolation from other professionals in the field.

The research, however, identified that education alone did not insure developmentally appropriate practice (Hoot et al., 1989; Naber, 1995; Wien, 1995). The personal style and implicit belief system of the teacher and the director could have been developed from modeled behavior that was experienced over time, became habit, and dictated teacher-directed behavior. Therefore, along with an educational foundation, there was also the need for a personal reflective process that would encourage the teacher and the director to look at belief systems in comparison to developmentally appropriate practice. This process began to encourage reflective teaching practice, which encouraged on-going growth and development. To insure that this reflective practice was sustained, a self-assessment and self-study tool that had been developed by the writer, was presented and discussed with the teacher and the director for future implementation within the program (see Appendix B).

The literature also identified that the administrator's support in developmentally appropriate choice making has an impact on the practice in the classroom (Charlesworth et al., 1993; Naber, 1995; Passidomo, 1994; Shuster, 1995; Villarreal, 1993). Therefore, the director was included in the training and self-assessment. Through training the director gained the knowledge and shared vision to support and strengthen child-initiated choice making through supervision and on-going support within the classroom.

Though parents had an impact on what was practiced in the classroom (Bell, 1991; Crowther, 1990; Dunn & Kontos, 1997; Miles, 1991; O'Brien,1991; Passidomo, 1994), this preschool is uniquely different. Mothers who are in the program are involved in a treatment program for chemical dependency and abuse. To train mothers to understand developmentally appropriate practice was not a possibility for this practicum

experience. The coordination between the preschool and the adult treatment program was needed to implement this plan. Time constraints for this practicum did not make this solution possible. However, since parent education is one of the goals for the Preschool and Wellness Program, topics that address developmentally appropriate practices would be an important consideration for future planning.

Effective leadership was also identified as an important component for effective change. Therefore, the solution strategies took into account that change is often difficult and takes time. The director and the teacher were seen as collaborators in the training process through discussions based on needs that were identified by the teacher and the director during these sessions. This dialogue was crucial in maintaining an openness and receptiveness to change, as well as created a common vision in developmentally appropriate practice.

Description of Selected Solutions

The solution strategies for this practicum included a three-month plan that incorporates educational training, reflective assessment and evaluation, and utilization of knowledge into practice. These solution strategies were correlated to the causes of the problem by addressing the issues of education in child development and learning, education in developmentally appropriate practice, reflection on current belief systems, and inclusion of the administrator for support. The teacher and the director were trained in areas of child development and early childhood education in order to increase child-initiated choice making within the classroom. The teacher and the director reflected on belief systems and identified the impact these belief systems have on practice and developmentally appropriate behavior within the classroom. A continuous self-

assessment and evaluation tool, developed by the writer, was discussed with the teacher and the director for future use within the program (see Appendix B). The teacher began to apply this new knowledge and learning in practice through teaching strategies.

The solution strategies empowered the teacher to become more knowledgeable, capable, reflective, and supported in fostering child-initiated practice. Through training and reflective practice, the teacher was able to provide the children with quality time for choice making within the preschool day. This was identified through developmentally appropriate practice that was reflected in a revised daily schedule and lesson plans. The director was able to support this practice through increased knowledge and reflection in developmentally appropriate practice and discussed with the teacher the revised daily schedule. The director also received an on-going assessment tool in developmentally appropriate practice that can be used for evaluation and program growth and development.

The leadership role of the writer helped to facilitate a process of change that assisted the preschool to move from a teacher-directed program to a child-initiated choice-making program. The writer established trust by incorporating the teacher and director in an educational training program that fostered knowledge, understanding, and common vision through active dialogue and collaboration. A plan of action was utilized to bring about child-initiated choice making within the classroom through revision of the daily schedule and lesson planning. The writer supported a plan for on-going growth and development in developmentally appropriate practice through a self-assessment tool that supported reflective practice and life-long learning.

Report of Action Taken

The writer provided educational training for the teacher and the director for 12 weeks in the areas of child development, developmentally appropriate practice, appropriate guidance and discipline, and professional growth and development through the use of a weekly video, journal articles, and activities that reflected the topic for the week. A packet was developed by the writer and given to the director and the teacher at the beginning of training. This packet included the weekly agenda for the 12 weeks, journal articles that reflected each weekly topic, and a notebook for journal writing. Each training session was implemented once a week for 1-1/2 hours. The videos and journal articles that were used served as a catalyst for discussion and dialogue among the director, the teacher, and the writer, while providing opportunities for the teacher and the director to grow in common vision and understanding of the needs of young children and of developmentally appropriate practice.

Each week, the teacher and the director also had the opportunity to grow in reflective practice through journal writing that was based on questions developed by the writer. This journaling encouraged the teacher and the director to reflect on new knowledge, current belief systems about educating young children, and current practice within the classroom. These reflections were then shared once a month among the director, the teacher, and the writer.

The final five weeks of training involved hands-on learning that focused on changes that would foster child-initiated activities within the classroom. This hands-on learning included changes in the classroom environment, the daily schedule, and lesson planning. The teacher and the writer physically redesigned the classroom to include

learning centers and plans were made to purchase new materials and equipment. The schedule was also revised to provide increased time throughout the day for the children to make choices. A choice board was designed to help facilitate the choices the children would make among the various learning centers in the classroom.

Though every topic for the 12-week training sessions was covered, the writer needed to change various days for training to accommodate the schedules of the director and the teacher. Some of sessions were cancelled due to conflicting schedules of the teacher and the director. To accommodate for cancelled sessions, the writer doubled the following weekly sessions to include two days of training for two hours each. Scheduling conflicts also did not permit a common day for training each week that would include attendance by both the director and the teacher. Therefore, the schedule of sessions alternated each week between Wednesday afternoons and Thursday afternoons. This allowed one half of the sessions to be attended by both the director and the teacher and the other half to be attended by only the teacher. The teacher attended all training sessions. The director was provided with a verbal summary of what was discussed at the sessions that the director was not able to attend.

Chapter V: Results

Results

The problem identified in this practicum was that children within the preschool were not given the opportunity to make choices within the classroom. The goal of the practicum was to create and sustain a change from a teacher-directed environment, to an environment that fostered child-initiated activities in order to promote healthy and holistic development, positive self-esteem, and resiliency skills in young children of chemically dependent and abusive mothers.

The following outcomes were projected for this practicum:

1. The teacher will give 90 minutes to child-initiated choice making in each of four 150-minute observations.

This outcome was met. After the 12 weeks of training, the writer observed the teacher for 4 days, 2-1/2 hours each day. During each of these observations, the teacher provided at least 90 minutes for child-initiated activities. These 90 minutes included 30 minutes for open centers for the children upon arrival in the morning and 60 minutes for discovery time. During both of these times, the children were given choice in the use of materials and choices between various learning centers in the classroom. The teacher also provided other opportunities for choice making that extended this time beyond the 90 minutes. These opportunities included gross motor activities of outside play or music and creative movement.

2. The teacher and the director will give children the opportunity for child-initiated choice making in four out of six activities in the revised daily schedule.

This outcome was met. Children were given the opportunity for child-initiated choice making in four activities provided in the revised daily schedule. This revision was done by the teacher and the writer and approved by the director. However, the revised schedule included five activities instead of six activities in the schedule (see Figure 3). These eight activities were provided in learning centers that included a variety of activities and materials, as well as large group time where children could choose the songs to sing, creatively move to music, and choose from a variety of outdoor play equipment.

3. The teacher will provide child-initiated choice making in 8 out of 10 daily activity plans in a two-week period.

This outcome was met. After training, the teacher provided the writer with 10 activity plans. All 10 plans were child-initiated. Eight of the 10 plans were provided during discovery time and located at a center among a variety of centers from which to choose. These eight activities provided the children with choices through a variety of materials, through self-expression, and through self-discovery which promoted learning on an individual level. Two of the 10 activities were provided during large group time and included choices for outside play activities or creative expression in movement and song selection during music time (see Figure 4).

9:00 a. m. Arrival: Self-choice- all centers open C. I.
9:30 a. m. Family Focus: large group- children share about their day, sing songs, make choices from the choice board for discovery time C. I. and T. D.
9:45 a. m. Discovery Time: All centers are open C. I.
10:45 a. m. Clean-up
11:00 a. m. Gross Motor/Focus Time: children are split into two groups, half of the group stays inside and chooses between several focused activities, the other half of children goes outside on the playground equipment C. I.
11:30 a. m. Departure: Phase I
Phase II and Phase III Language Arts and preparation for lunch C. I.

Note: C. I. = child-initiated activity T. D. = teacher-directed activity

Figure 3 The revised daily schedule

Day 1: Children will choose from a variety of magic markers and color paper towel. After the paper towel is colored they will dip it in water to see colors fading and blending. The teacher will discuss with children what happened and attach paper towel to a stick for a flag. (art/science-discovery time)
Day 2: Sponge painting: Children will choose from a variety of colored paints and make a people painting using people shaped sponges. (art center-discovery time)
Day 3: The children will choose to move a variety of ways to music on a CD. (large group)
Day 4: The children will make collages' from magazines to tell what they would like to do with friends. (art center-discovery time)
Day 5: The children will create collages using magazines to discuss things that are harmful to our bodies. (art center-discovery time)
Day 6: The children will plant a variety of seeds in paper cups. (discovery time)
Day 7: The children will dance to music/ outside play (large group)
Day 8: The children will observe a variety of seeds at the science table. (discovery time)
Day 9: The children will compare the progress of two plants, one that is taken care of and one that is not. What are the differences? What do plants need to grow healthy? Compare this to what we need. (discovery time)
Day 10: The children will create bumble bees from a variety of materials put out at the art center. (discovery time)

Figure 4 The revised teacher's lesson plan

Discussion

Through the training, it was made clear to the writer that increased knowledge in developmentally appropriate practice, as well as reflective practice increased the likelihood that teacher-directed learning could be changed to child-initiated choice making within the classroom. The research that was reviewed also reflected this finding (Bell, 1991; Charlesworth et al., 1990; Charlesworth et al., 1993; Crowther, 1990; Dunn & Kontos, 1997; Gronlund, 1995; Katz, 1996; Kendall, 1992; Shuster, 1995; Snider & Fu, 1990; Stott & Bowman, 1996; Swanson, 1994; Villarreal, 1993; Wadlington, 1995). Particularly effective in the training was the inclusion of visual learning that was presented to the teacher and the director through various videos. The videos were an effective method for stimulating discussion and dialogue between the director and the teacher and increased the effectiveness of learning. The videos also provided the director and the teacher with a clear understanding of what developmentally appropriate practice actually looked like. Gronlund (1995) also found visual aids effective in providing teachers with a picture of what developmentally appropriate practice looked like in real life.

The opportunity for the teacher to apply the knowledge of what was learned to the work environment also proved to be effective. Adult learners find that learning is most effective when application can occur within their own work setting (Wadlington, 1995). The teacher began the training with skepticism. Though the teacher reflected a belief in developmentally appropriate practice, the teacher also believed this population of children needed a more managed environment. The teacher still held on to this belief at the fifth week of training through her dialogue and discussions. However, as the topic of

developmentally appropriate practice grew and developed the teacher began to take small steps in implementing child-initiated choice making within the classroom. Through this application, the teacher experienced first hand the effectiveness of child-initiated learning within the classroom. This application of knowledge also increased the effectiveness of training over the next remaining weeks through the teacher's verbal reflection each week on the implementation of choice making within the classroom.

Journal writing provided the teacher and the director with a personal reflection of teaching practices and helped the teacher to personally compare what was learned and what was done in practice. This comparison created an experience of disequilibrium, which caused the teacher to question what she was currently doing in practice and take steps to try something new. Research also supported the use of personal and on-going reflection as effective in fostering change in practice (Bell, 1991; Duff, Brown, & Scory, 1995; Dunn & Kontos, 1997; Katz, 1993; Naber, 1995; Stott & Bowman, 1996; Tarreton, 1992; Wien, 1995). The teacher ended the training session with a statement that this training was a personal experience in growth as a teacher and provided an understanding that young children need to explore and choose. The teacher also believed that this knowledge and experience would be carried throughout her personal career in the field of early childhood education.

The director also came to the program with a belief in developmentally appropriate practice for young children, but was also skeptical that this practice was not for this population of children. Depending on the knowledge base and support for developmentally appropriate practice, directors could have an impact on whether this practice was implemented within a preschool classroom (Naber, 1995; Villarreal, 1993).

Though the director attended only 6 of the 12 sessions, the director's interest was always expressed. The director's support was also apparent through the freedom that was given to the teacher to change practices within the classroom. The teacher's enthusiasm seemed to be a positive element in the director's responsiveness. However, it remained questionable to the writer whether the director fully understood developmentally appropriate practice. It appears that application of new knowledge in the work setting can have a large impact on growth in developmentally appropriate practice. The director's opportunity to apply this new knowledge in developmentally appropriate practice was limited because the director's visits to the classroom were short and infrequent. The writer believed that the impact developmentally appropriate practice had on a daily basis could not be fully appreciated or understood by the director unless these visits became longer and more frequent.

The self-study tool in developmentally appropriate practice, developed by the writer (see Appendix B) was an important resource to insure that child-initiated practice was sustained within the preschool. This self-study provided the director and the teacher with a reflective evaluation tool that was needed for continued growth in developmentally appropriate practice. The director could also use this self-study tool when the teacher leaves the program, since it reflected both teaching strategies and environments for child-initiated choice making within the classroom.

One of the most fulfilling experiences that resulted in this practicum was the ability to witness the positive effect that choice making had on the children. The goal of this practicum was to provide choice making to foster competence and resiliency in young children affected through parental chemical dependency and abuse. The initial

observations found the children controlled within large group activities with very little social interaction with each other or opportunities to grow in feelings of self-worth through choices and mastering the environment. Through the implementation of choice making, the writer observed that the children were more interactive with each other and excited about the work they had accomplished. This provided opportunities for the children to learn to take responsibility for their actions and learn positive skills in social interaction, particularly through conflict resolution. The opportunity for choice making also helped build positive self esteem in the children. The teacher also began to gain skills in mediating between social conflicts and provide children with alternative choices that would foster positive social development.

The writer believed that children are the hope and foundation of the future. It was critical that all children were provided with a nurturing preschool environment that fostered initiative, self-esteem, and healthy and responsible choice making. This preschool environment was especially critical for children who have suffered from parental chemical dependency or abuse. It was, therefore, the hope of the writer that this report would provide others with a catalyst for reflection and growth in serving the needs of young children.

Recommendations

To further growth in developmentally appropriate practice and child-initiated choice making within this preschool, it was recommended that the teacher and the director continue to gain knowledge in developmentally appropriate practice, continue to grow in reflective practice, and implement the self-study tool on a quarterly basis each year. It was also recommended that the teacher remain mindful that choice making will create a social environment where conflicts will naturally occur. It is through these conflicts that children can learn through concrete experiences how to take responsibility for their actions and learn positive social interactions. These prosocial skills will provide young children with the resiliency of life skills that can prevent the legacy of chemical abuse and child abuse to continue.

The following are the recommendations made by the writer to support other professionals working at changing teacher-directed practice to child-initiated practice within a classroom.

1. Knowledge in developmentally appropriate practice does not insure that this practice will be seen within the classroom. Therefore, it is important to implement a system for reflective practice to be utilized by teachers as a self-study process to insure developmentally appropriate practice within the classroom.
2. When providing education in developmentally appropriate practice, it is beneficial to provide videos or visit other centers where developmentally appropriate practice is implemented. Teachers need to see a visual picture in order to understand how to implement developmentally appropriate practice.

3. When trying to foster a change from teacher-directed practice to child-initiated practice realize that change is a process. Provide the teacher with opportunities to implement small steps and to reflect on these steps after using them. Seeing developmentally appropriate practice in action will support and increase this practice over time.

Dissemination

To provide dissemination to the greatest audience possible, the writer plans on disseminating this report to several social service agencies in the area that serve the needs of young children through preschool programming. In addition, the writer will provide teacher educators with a copy of the report in hopes that this report will provide a dialogue concerning beliefs and practice among preservice teachers. Finally, it is planned that this report will be used in a workshop presentation or a journal article in the future to reach even a greater number of individuals who serve the needs of young children.

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Appendix A

Educating Young Children

A Belief System Survey

Educating Young Children
A Belief System Survey

Strongly Value	Value	Neutral	Do Not Value	Strongly Do Not Value
5	4	3	2	1

Please circle the number that agrees with your personal beliefs about educating young children.

1. Young children need to be active in a classroom and interact with their environment.	5 4 3 2 1
2. A quiet preschool environment provides a better opportunity for learning.	5 4 3 2 1
3. Correct answers in content areas, as math or reading readiness are best learned through teacher–directed activities.	5 4 3 2 1
4. To complete a project, it is best that the teacher explain exactly what to do and then expect children to follow the plan.	5 4 3 2 1
5. Young children learn best through self-choice activities.	5 4 3 2 1
6. To insure that children learn, the teacher needs to talk more than the children.	5 4 3 2 1
7. Large group, teacher-directed instruction should be used most of the time in the classroom.	5 4 3 2 1
8. In the classroom, children should select their own activities from various learning centers.	5 4 3 2 1
9. Children should be able to choose how they will use the materials.	5 4 3 2 1
10. Children can choose if they will participate in group activities.	5 4 3 2 1
11. Young children learn best through teacher-directed activities, as teaching the alphabet and number worksheets.	5 4 3 2 1
12. Flashcards are effective in helping young children learn basic skills.	5 4 3 2 1
13. Young children should be allowed to choose how long they will participate in a particular activity.	5 4 3 2 1
14. A children's preschool day is best planned when there is a large block of time for self-choice activities.	5 4 3 2 1
15. Young children need help to learn basic skills through teacher-directed activities.	5 4 3 2 1

16. Paper and pencil activities are needed within preschool to prepare young children for formal schooling. 5 4 3 2 1

17. A teacher should organize her day with large group activities to eliminate chaos and confusion for children. 5 4 3 2 1

18. Preschool activities need to be responsive to individual differences in development. 5 4 3 2 1

19. To facilitate holistic development in children, self-choice activities need to be provided throughout the day. 5 4 3 2 1

20. Each preschool day should incorporate a wide variety of materials that children can choose from. 5 4 3 2 1

Background Information

1. What is your educational background?_____

2. Describe your work experience working with young children, including the number of years._____

_____

Appendix B

Teacher's Self Report

Developmentally Appropriate Practice

Teacher's Self Report
Developmentally Appropriate Practice

Changes in Instructional Strategies	Always 5	Often 4	Sometimes 3	Seldom 2	Never 1
An extended amount of time is given to children for choice-making activities.	5	4	3	2	1
The teacher plans with the children and incorporates their interests in the plans.	5	4	3	2	1
The teacher incorporates questioning strategies that extends learning, versus telling or explaining.	5	4	3	2	1
The teacher does more listening than talking.	5	4	3	2	1
Children are actively engaged in learning throughout the day.	5	4	3	2	1
There are a variety of activities and materials for children to choose from.	5	4	3	2	1
Active interaction and cooperative problem-solving are encouraged.	5	4	3	2	1
Opportunities exist for individual and small group learning.	5	4	3	2	1
There are more individual and small group learning experiences than whole group.	5	4	3	2	1
The curriculum is based on children's interests, with basic skills incorporated as needed.	5	4	3	2	1
The teacher provides for individual needs within the class.	5	4	3	2	1

	Always	Often	Sometimes	Seldom	Never
The teacher provides friendly and encouraging adult interaction with each child.	5	4	3	2	1
There are many opportunities for quiet and active play.	5	4	3	2	1
Changes in Classroom Environment					
Learning centers are located throughout the classroom.	5	4	3	2	1
Learning centers change with the project theme and children's development.	5	4	3	2	1
The design of the classroom allows for both quiet and active play.	5	4	3	2	1
A variety of concrete materials are available throughout the classroom.	5	4	3	2	1
The environment says welcome to different needs and abilities.	5	4	3	2	1
Classroom furniture and equipment is child-sized.	5	4	3	2	1
Bulletin boards and displays of children's work are at the children's eye level.	5	4	3	2	1
A variety of materials and experiences are available and accessible to all children.	5	4	3	2	1
Materials are rotated with the interest and needs of the children.	5	4	3	2	1
Materials and equipment are safe and in good shape.	5	4	3	2	1
Adequate space is available for indoor and outdoor activities.	5	4	3	2	1